

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Karen Giroux
Serial No. : 10/716,577
Filed : November 18, 2003
Title : MEDICAL DEVICES EMPLOYING NOVEL POLYMERS

Art Unit : 1613
Examiner : Blessing M. Fubara
Docket : 01435.062US1

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In compliance with 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the materials provided herewith are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Information Disclosure Statement be entered and the documents listed on the Form 1449 provided herewith be considered by the Examiner and made of record. Pursuant to MPEP 609, Applicant requests that a copy of the Form 1449, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.


Pursuant to 37 C.F.R. § 1.97, it is believed that no fee or statement is required with this Information Disclosure Statement. However, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 503503 in order to have this Information Disclosure Statement considered. The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

Date:

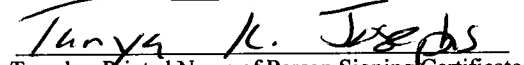
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By:


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CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is transmitted electronically to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 this 10 day of February, 2011.


Typed or Printed Name of Person Signing Certificate


Signature